

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

SECTION 4(6), AND/OR



SEC US	E ONLY
Prefix	Serial
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UNIFORM LIMITED OFFERING EXEMPTION Name of Offering ( | check if this is an amendment and name has changed, and indicate change.) Tennenbaum Multi-Strategy Fund I (Offshore) Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Tennenbaum Multi-Strategy Fund I (Offshore) Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Tennenbaum Capital Partners, LLC, 2951 28th Street, Santa Monica, CA 90405 310.566.1000 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business

Investment	Fund
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Type of Business Organization			
corporation	limited partnership, already formed	$\Box$	other (please specify):
business trust	limited partnership, to be formed		Cayman Islands Series Trust
	 Month Year		

Actual or Estimated Date of Incorporation or Organization: 0 6 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Sccurities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## -ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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		AL BASIC IDI	INTIFICATION DATA		
Enter the information re	quested for the fol	lowing:			
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	uer has been organized w	ithin the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the i
<ul> <li>Each executive off</li> </ul>	icer and director of	f corporate issuers and of	corporate general and maj	naging partners of	partnership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
	·				Managing Pariner
Tennenbaum Capital I full Name (Last name first, i					
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2951 28th Street, Suite Business or Residence Addre			ode)	***************************************	
yasınçss or residence rivare	33 (Number und	Street, Oily, State, Esp Co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
	· · ·	Beneficial Owner		Director	Managing Partner
Security Pacific Finance Full Name (Last name first, in					
			v ino		
Canada Court, Upland Business or Residence Addre					
Justifiess of Residence Addition	ss (wanter and	Street, erry, state, zip ot	, de j		
Olivel De Contrator Avelor		C7 Paraficial Owner	Executive Officer	☐ Director	General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Partner
Eugenia II Investment				······································	
Full Name (Last name first, i	I individual)	,			
c/o Eagle Advisors, Inc		***************************************	······································		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Davidson a Basidson Adda	Olymbar and	Street City State 7in C	~da\		
Business or Residence Addre	iss (Number and	Street, City, State, Zip Co	ode)		
		FT D F F 1 1 0		CI Divers	Consular the
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or  Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
					managing i ditties
Full Name (Last name first,	if individual)				
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Business or Residence Addre	ss (Number and	Street, City, State, Zip C	odc)		
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
	(Use bla	ink sheet, or copy and use	additional copies of this:	sheet, as necessary	)

-			7. OF 18.	*5/4	B. IN	NFORMATI	ON ABOU	TOFFERI	VG.				
<u></u>		35	A. (2) . (2) . (3)						<u> </u>		<u> </u>	Yes	No
1.	Has the	issuer sold	, or does th	e issuer in	ntend to sel	ll, to non-a	ccredited in	nvestors in	this offeri	ng?			Z
			-	Ans	wer also in	Appendix,	Column 2	, if filing t	ınder ULO	E.		_	
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	ny individ	ual?			•••••	\$ 50,0	00
											Yes	No	
3.	Does the	offering p	ermit joint	ownershi	p of a sing	le unit?		**************	• • • • • • • • • • • • • • • • • • • •	•••••	••••	$\checkmark$	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, ar commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin												
						•					with a state		
			me of the bi							ciated pers	ons of such		
Ful			first, if indi			On for that	DIOXEI OI I	dealer Only	•				·
I UI	i ivanic (L	ast neme	inst, ii mai	viduai)									
Bu	siness or I	Residence	Address (N	umber and	1 Street, Ci	ty, State, Z	ip Code)	······································					
Na	me of Ass	ociated Br	oker or Dea	ıler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers	***************************************					<del></del>
0			" or check										States
	(0		V. 1									L	S tutes
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	囲	
	IL NIT	IN	IA NV	KS	KY NJ	LA NM	ME NY	MD	MA ND	MI OH	MN	MS	MO
	MT RI	NE SC	[SD]	NH TN	TX	UT	[VT]	NC VA	WA)	WV)	OK WI	OR WY	PA PR
		رعی	[00]	لنفف	(	<u>(2.)</u>	لشئا	لینندا	لتبنيا	لشينا	لشننسا	رخستا	رحنت
Fu	ll Name (I	ast name	first, if indi	vidual)									
D.,	-:	Desidence	Addrson /A		d Canada C	State State	7in Cada)		<del> </del>		····		
Bu	siness or	Residence	Address (1	vumoer an	id Sireel, C	ity, State, i	Zip Code)						
Na	me of Ass	ociated Br	oker or Dea	aler				<u> </u>			***************************************		
Sta			Listed Has										
	(Check	"All States	or check	individual	States)	*************		,	*************	**************	**************	☐ Al	1 States
	[AL]	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	[TN]	TX	UT	[VT]	VA	WA	WV	WI	WY	PR
Fu	ll Name (I	ast name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	id Street, C	City, State,	Zip Code)						
Na	me of Ass	ociated Br	oker or De	aler							·		
144	07 7132	coluce D.	OKCI O. DO	w. v.									
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			······································			
	(Check	"All States	" or check	individual	States)	••••			*************			☐ Al	1 States
	Δ	AK	AZ	AR	CA	[CO]	CT	DE	DC	[FL]	GΑ	HI	ID
	AL IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	[I]	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	IN	TX	UT]	VT	$\nabla \Lambda$	WA	[WV]	WI	$\overline{\mathbf{W}}\mathbf{Y}$	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		ggregate ering Price	Α	lmount Alrei Sold	ady
	Debt	S	0	\$_	and the same of th	0
	Equity	\$	0	S_		0
	Common Preferred					
	Convertible Securities (including warrants)	\$	0	<b>S</b> _		0
	Partnership Interests	\$	0	\$_		0
	Other (Specify Trust Interests )	<b>S</b>	12,500,000	\$	12,500,0	00
	Total	\$	12,500,000	\$_	12,500,0	00
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;	Number Investors		Aggregat Dollar Amov of Purchase	unt
	Accredited Investors		4	9	12,500,0	00
	Non-accredited Investors		0	5	S	0
	Total (for filings under Rule 504 only)		4	5	12,500.0	00
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering	5	Type of Security		Dollar Amo Sold	
	Rule 505			9	<u> </u>	
	Regulation A			5	S	
	Rule 504			5	<u> </u>	
	Total			5		
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees	> 1		\$		0
	Printing and Engraving Costs			\$		0
	Legal Fees			\$		0
	Accounting Fees			\$		0
	Engineering Fees			\$		0
	Sales Commissions (specify finders' fees separately)			\$		0
	Other Expenses (identify)			\$		0
	Total			\$		0

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF PE	ROCEEDS			
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross			s	12,500,000
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross				
			Payments to Officers, Directors, & Affiliates		P	ayments to Others
	Salaries and fees		78 (	0	□\$	0
	Purchase, rental or leasing and installation of mac					
		ilities				
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse	ue of securities involved in this				
	Repayment of indebtedness		] \$	0	☐ \$_	
	Working capital		] \$	0_	<u> </u>	0_
	Other (specify):		] S	0_	□ s_	12.500,000
			],\$	0	\$_	0
	Column Totals		]\$	0	□ \$_	12,500,000
						00_
		D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commiss	ion, upon writ			
Iss	uer (Print or Type)	Signature / // D	atc. , ,			
T	nnenbaum Multi-Strategy Fund I (Offshore)	My men	7/11/0	15	-	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Da	vid A. Hollander	Director of Tennenbaum Capital Partners, LLC, as th Tennenbaum Multi-Strategy Fund I (Offshore)	e Attorney-in-f	act f	or the	Trustee of

## — ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?									
	See .	Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	ner has read this notification and knows the content thorized person.	nts to be true and has duly caused this notic	e to be signed on its behalf by the undersi	gned						
ssuer (	Print or Type)	Signature /	Date							
Tenne	nbaum Multi-Strategy Fund I (Offshore)	Clark Mars	7/11/05							
Name (	Print or Type)	Title (Print or Type)								
David	A. Hollander	Director of Tennenbaum Capital Partners, I Tennenbaum Multi-Strategy Fund I (Offsho		Director of Tennenbaum Capital Partners, LLC, as the Attorney-in-fact for the Trustee of Tennenbaum Multi-Strategy Fund I (Offshore)						

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX 1 2 4 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price to non-accredited Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No AL AK AZAR CA CO CT DE DC \$500,000 trust FL 1 \$500,000 \$0 X interests GA HI ID IL IN IA KS KY LA ME MD MA MI MNMS

# APPENDIX

1		2	,, 3			4		5	ification
	to non-a	I to sell corredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY		×	\$10,000,000 trust interest	1	\$10,000,000	0			
NC									
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para.	Intendation non-a	I to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)			under St (if yes, explan waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									